Vol. 15 Summer 2003

MaineCare UPDATE
Health Care for Maine People

CDC Endorses Routine HIV Screening for Pregnant Women, Newborns and Others

Federal health officials unveiled a new HIV testing strategy Thursday designed to expand screening among pregnant women and about 200,000 others who are infected with the virus but do not know it. The new strategy by the U.S. Centers for Disease Control and Prevention specifically urges the testing of all pregnant women, rather than relying upon them to volunteer. The change is intended to ensure that newborns receive highly effective drugs if their mothers are infected, which could dramatically reduce mother-to-child transmission from its current level of about 300 cases per year.

More broadly, the guidelines are intended to make HIV testing a routine part of care in doctors' offices and clinics, rather than waiting for patients to specifically request it.

CDC Director Dr. Julie L. Gerberding said that the guidelines stem from the realization that existing HIV prevention programs "have really stalled recently."

"Where we are right now is pretty intolerable," she said. With the number of new HIV cases hovering around 40,000 annually for the past decade, Gerberding and many other public health officials say it is time for physicians to screen for HIV in the same way they do for other conditions, such as diabetes or hypertension.

The strategy, outlined today in the CDC's Morbidity and Mortality Weekly Report, is only advisory but has some authority: The agency will ask state and local governments to adhere to it in exchange for federal

funding. Most states depend on such money for prevention efforts.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said the guidelines represent a "much more aggressive approach toward HIV prevention" nationally, which he

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CDC Recommends Prenatal HIV Screening

During the early 1990s, before perinatal preventive treatments were available, an estimated 1,000-2,000 infants were born with HIV infection each year in the United States. Since the mid 1990's, there have been dramatic reductions in mother-to-child, or perinatal, HIV transmission rates. However, the Centers for Disease Control and Prevention (CDC) estimates that approximately 400 babies are born with HIV infection each year. Research has demonstrated that prenatal care that includes HIV counseling and testing and treatment for infected mothers and their children saves lives and resources. The best ways to prevent infection in children are to prevent infection in women and to encourage early prenatal care that includes HIV counseling and testing.

National organizations such as the CDC, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics have recommended that 100% of all pregnant women be counseled and offered voluntary HIV testing. Yet CDC estimates that nearly 50% of these women are still not tested. The most recent data on perinatal HIV screening rates among a random sample of women giving birth in Maine showed that, between January 1 and June 1999, the mean for HIV screening of pregnant women at birthing hospitals was 26%.

In an effort to further decrease prenatal HIV transmission and increase prenatal HIV screening, the CDC, in partnership with other U.S. Department of Health and Human Services agencies and other government and non-government agencies launched a new initiative in 2003 entitled "Advancing HIV Prevention: New Strategies for a Changing

Screening *continued on page 3*

Maine Department of Human Services
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To receive this newsletter by mail, contact Health Care Management at 207-287-8820

MaineCare's PDL Implemented July 1, 2003 In Response to Escalating Drug Costs

In January 2001, the State successfully initiated a prior authorization component to the MaineCare drug benefit. This program was a determined effort to cope with 15-20% annual increases in prescription drug spending. With your efforts and cooperation, the State has saved nearly 45 million dollars to date.

As the State again faces a challenging economic climate, there is a renewed effort to optimally manage MaineCare's drug benefits. To meet State Fiscal Year (SFY) 2004 budget requirements, the State must save 14% of the projected drug budget. This represents a savings of nearly 40 million dollars.

The dual goal of meeting the 40 million dollars in savings while preserving MaineCare members' benefits was a challenging one. The foundation of our plan to meet this goal is to expand the existing PA process, through implementation of a Preferred Drug List (PDL). In return for preferred drug status, some manufacturers have offered the State additional rebates. Between the supplemental rebates and the prior authorization of non-preferred drugs, the State expects to approach the requisite savings.

To help ease the transition to the new PDL process, the Department offered numerous training sessions in June for practitioners throughout the State. If you were unable to attend a training session, or still have some questions, we have additional staff on board to assist you with any questions you have about the PDL and expanded PA process.

Contact us with your questions

- Questions about the PA process?
  Call 1-888-445-0497 and speak to one of our Pharmacists or Pharmacy technicians.
- Questions about submitting a pharmacy claim?
  Call 1-888-420-9711.
- Questions about PDL policy?
  Call 1-800-321-5557.

Keep updated on PDL information

The PDL will be periodically updated as new clinical data is available and more manufacturers offer supplemental rebates. The most current drug list, PDL information, and all PA forms are available at www.ghsinc.com.

We would like to thank all of the dedicated Physicians, Physician Assistants, Nurse Practitioners and Pharmacists who continue to support the MaineCare program. We can't do it without you!

Hepatitis C Testing for Those With High Risk

An estimated 15,000-20,000 people in Maine are infected with Hepatitis C.
Have you assessed your patients for risk?

The Bureau of Health, Maine Department of Human Services is launching a statewide Hepatitis C awareness campaign via TV and radio advertisements from June – August 2003. We anticipate you will receive an increase in requests for testing.

For patient and provider information on viral hepatitis check out: ***www.mainepublichealth.org***

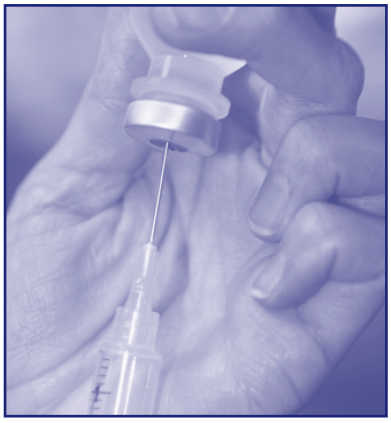
CDC Recommendations for Testing Based on Risk for HCV Infection

PERSONS	RISK OF INFECTION	TESTING RECOMMENDED?
Injecting drug users (ever)	High	Yes
Recipients of clotting factors made before 1987	High	Yes
Hemodialysis patients	Intermediate	Yes
Recipients of blood and/or solid organs before 1992	Intermediate	Yes
People with undiagnosed liver problems	Intermediate	Yes
Infants born to infected mothers	Intermediate	After 12-18 mos. old
Healthcare/public safety workers	Low	Only after known exposure
People having sex with multiple partners	Low	No*
People having sex with an infected steady partner	Low	No*

*Testing may be done based on provider evaluation of risk

Screening Tests: Enzyme Immunoassay (EIA) for Hepatitis C.
If positive, follow-up with a test for HCV RNA (PCR).
For more information, consultation or to report an acute case of Hepatitis C call: 1-800-821-5821

Bureau of Health Diabetes Control Program



The Health Care Management Unit of the Bureau of Medical Services is beginning a disease management initiative aimed at making sure MaineCare members with diabetes receive appropriate services. We will be partnering with the Bureau of Health Diabetes Control Program for this and other, upcoming diabetes quality projects. We will be using claims data to create a diabetes registry and to identify members who have diabetes who have not received the following services in accordance with current ADA guidelines: HgbA1c, lipids, urine for protein screen and dilated eye exams. The members will receive a mailing stating that they may not have received one of these recommended services, and describing the reason for the service, and that they should contact their doctor to see if these services are indeed appropriate for them. These letters will remind them of the adjunctive services offered through Member Services including transportation and assistance with telephone calls. Along with this mailing we will be sending out quarterly newsletters to our members with articles related to diabetes care and self-management. We are also creating a diabetes registry of our members with the diagnosis of diabetes using the HEDIS measures for the queries. If you as providers have any questions, please call Jean Lloyd, RN at 1-800-321-55571 extension 71068.

Screening *continued from front*

Epidemic." This new initiative promotes recommendations for routine HIV testing of all pregnant women, and, as a safety net, for the routine screening of any infant whose mother was not screened.

In order to address Maine's low prenatal screening rates and the new initiative from the CDC, the Maine Bureau of Health, Division of Disease Control, offers the following recommendations to Maine Health care providers and institutions:

- Healthcare professionals providing prenatal care to women should review and implement the recommended screening tests for pregnant women as out lined in the Centers for Disease Control and Prevention 2002 STD Treatment Guidelines. This document is available on the web at www.cdc.gov/nchstp/dstd/dstdp.html
- Healthcare professionals should have patient education materials available concerning prenatal screening for sexually transmitted disease;
- Birthing hospitals should develop policies and procedures to ensure that all pregnant women are offered HIV testing;
- Birthing hospitals should develop standard operating procedures to screen women for sexually transmitted diseases at delivery if prenatal records are incomplete.

The Bureau of Health is committed to providing support and guidance for healthcare providers who test and diagnose patients with HIV infection. Please contact the Bureau of Health at 207-287-3747 for further assistance.

Blood Lead Screening Rates

MaineCare Lead Testing rates among FP/GPs and Pediatricians, 10/01/2001 - 9/30/2002.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	Karen Ottenstein	11	72.7%
2	Jennifer J. McConnell	13	69.2%
3	Heather Ward	18	66.7%
4	Spiros P. Lazos	11	63.6%
5	Daniel E. Fowler	16	62.5%
6	Thomas R. Maycock	21	61.9%
7	Daniel Bradford	10	60.0%
8	Tara M. Nolan	14	57.1%
9	Laurie C. Churchhill	14	57.1%
10	Howard D. Amann, Jr.	14	57.1%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	A. Dorney	18	61.1%
2	Timothy Theobald	12	58.3%
3	Lawrence H. Dubien	19	52.6%
4	Kamlesh N. Bajpai	16	50.0%
5	Gust S. Stringos	14	50.0%
6	Michael Lambke	17	47.1%
7	George K. Gardner, Jr.	10	40.0%
8	Merril R. Farrand, Jr.	13	38.5%
9	John M. Van Summern	11	36.4%
10	Donald G. Brushett	39	35.9%

Rank	Pediatrics	Age One	% with 1+ Test
1	Eileen Poulin	15	100.0%
2	Laura Ann Schwindt	13	92.3%
3	Amelia A. Brochu	21	90.5%
4	Renee R. Fournier	74	86.5%
5	Jorge Pineiro Vergne	64	85.9%
6	Rebecca Ayala	72	81.9%
7	Jonathan Fanburg	42	81.0%
8	Robert A. Beekman	47	78.7%
9	Michael P. Hofmann	94	75.5%
10	C.E. Danielson	120	74.2%

Rank	Pediatrics	Age Two	% with 1+ Test
1	Amelia A. Brochu	11	72.7%
2	C.E. Danielson	88	65.9%
3	John A. Salvato	43	65.1%
4	Deborah L. Patten	13	61.5%
5	Ann B. Waitt	18	61.1%
6	Jeffrey Stone	75	58.7%
7	Laura Ann Schwindt	14	57.1%
8	Michael P. Hoffman	99	56.6%
9	Madonna E. Browne	16	56.3%
10	Marcario F. Lichauco	13	53.8%

Case Mix/Classification Review Unit Update

June 10, 2003
Quality Improvement Unit Description Update

The Case Mix/Classification Review Unit is responsible for the ongoing development, implementation and education for the case mix system for Level II Cost Reimbursed Assisted Living (Residential Care) facilities. Case Mix payment, based on the acuity of the MaineCare beneficiaries, was implemented in Residential Care facilities in July 2002 and several years of development. We will soon be entering the second year of this new payment system. Not only is payment a primary focus of "case mix", quality indicator reports are generated for the facilities to use as an additional tool to assist them with quality assurance activities. The data are a result of the information on the Minimum Data Set for Residential Care (MDS-RCA) which is completed by facility staff.

Registered Nurses visit Level II Assisted Living Facilities to review the accuracy of the assessment data. Monthly training sessions are offered to assist facility staff in completion of the form and the payment system. The Case Mix system is the basis for payment for Maine Care (formerly Medicaid) beneficiaries in nursing and residential care facilities.

Another highlight for this unit is the production of an informational brochure for parents/guardians to explain the Katie Beckett MaineCare option for children. The brochure has been sent to all Department of Human Services offices.

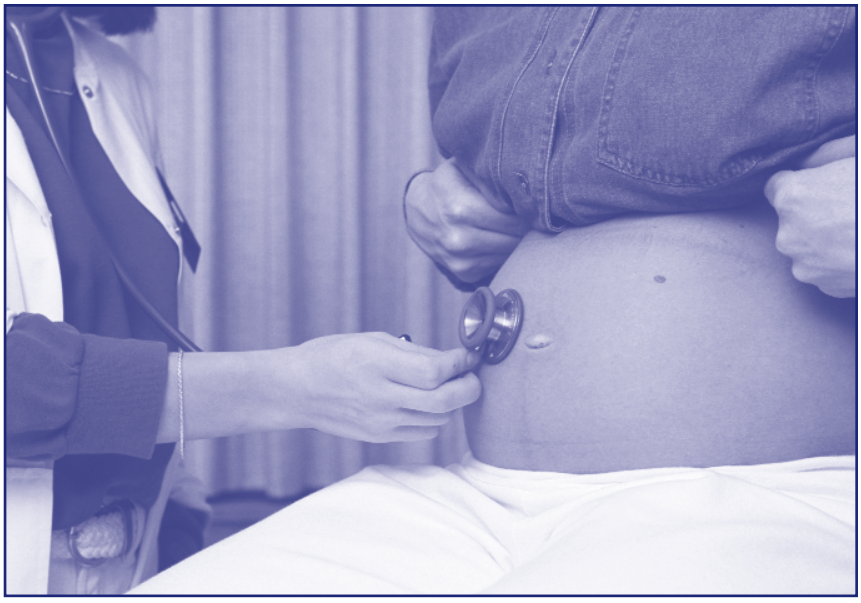
HIV *continued from front*

said is "a long time in coming."

"We know from experience that the vast majority of people, when they know they're infected, they become much more careful with their sexual partners," Fauci said. "Testing is really the gateway to a realization of a problem."

The CDC recommendation that is likely to spur the most debate is blanket testing of pregnant women. If mothers refuse, the CDC is asking states to test newborns for the virus so they can receive treatment if they are infected.

"Right now, what's happening in a lot of places is doctors say, 'You're a nice girl, you're not at risk,'" said Dr. Andrea Kovacs, director of the Comprehensive Maternal-Child and Adolescent HIV Management and Research Center at Los Angeles County-USC Medical Center. "Nobody knows who's at risk. Since this is now a preventable infection for a deadly disease, we really need to do the maximum we can to prevent transmission." Pregnant women are now routinely tested for several diseases, such as syphilis, rubella, Group B Strep and hepatitis, without being specifically asked for consent.



Doctors say they can dramatically reduce the risk of HIV transmission from mother to child if a woman takes AIDS drugs during pregnancy and avoids breast feeding after birth. Even if a woman receives no prenatal care, hospitals can take steps to prevent HIV transmission to newborns. If the virus is identified in a woman during childbirth or immediately afterward, her baby can be given drugs during the first 24 hours of life, substantially reducing the risk of infection.

California Governor Gray Davis vetoed a bill last year that would have created a universal testing system unless a pregnant woman opted out. "We are looking very carefully at whether the approach that California has taken, by requiring physicians to advise women" about testing, is effective, said Michael Montgomery, director of the state office of AIDS. Still, he added, "I would encourage anybody that might have any risk factor to be tested for HIV."

CDC data show that voluntary systems don't work as well as opt-out systems.

In an effort to reach more of the 200,000 people who may be unwittingly spreading HIV, the CDC is encouraging local public health authorities to make widespread use of a new rapid test, approved by federal regulators in November, which can provide results in less than 20 minutes.

The CDC wants to offer the test in all federally funded clinics, as well as such venues as shelters for the homeless, jails and substance abuse treatment centers, where people may not have access to routine medical care.

Gerberding said she also wants doctors to be much more proactive

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HIV *continued from page 4*

in HIV screening and testing. Many physicians have shied away from encouraging patients to be tested for HIV because of what they have viewed as onerous requirements to provide extensive counseling before blood is drawn. The agency wants to streamline that process.

Another part of the CDC's new strategy is to place a greater emphasis on helping people who are already infected with HIV to understand that it is their responsibility not to infect others. Gerberding said this marks a shift because prevention efforts have until now focused largely on changing the behavior of the uninfected.

States are expected to integrate the CDC's guidelines into their HIV programs, but the agency will also allocate $35 million in new federal funds to allow states to try alternative approaches that get patients diagnosed and into treatment, she said.

For many years, doctors and public health officials have treated HIV as a disease like no other, mainly because of fears that infected patients would fall victim to discrimination or be stigmatized. As a result, some critics say, the focus has been more on preserving patient's privacy and discretion than on aggressive public health measures used for all other sexually transmitted and infectious diseases.

It's time to change that, said Dr. Tom Coburn, a former congressman from Oklahoma and co-chairman of the President's Advisory Council on HIV/AIDS. "The country is a lot different now than it was in 1983," he said. "Although there are rednecks still in every corner, the vast majority of people understand this disease [and] want to help those that have it." Coburn noted "For too long the CDC's policies have protected the virus rather than the public," adding, "After more than two decades of AIDS, we are finally moving towards addressing the disease as a public health problem. This new initiative will work to stop HIV in its tracks by identifying those who are infected earlier and empowering these individuals to protect their own health and to prevent passing the virus onto others."

Michael Weinstein, president of the AIDS Healthcare Foundation, said public health has suffered because doctors have been forced to tiptoe around the disease. "We're reinforcing the stigma of AIDS by saying it has to be treated differently and by saying it has to be hidden," he said.

Some AIDS advocacy groups say the push for more testing needs to be tempered. Dana Van Gorder, director of state and local affairs for the San Francisco AIDS Foundation claims "Women can be subject to harassment by boyfriends or husbands as a result of these tests. We just think they need to go into it with full knowledge of what's going on."

The CDC's new strategy is available online at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm

[Los Angeles Times, 4/17/03; Coburn release, 4/16/03]

STATE OF MAINE
Department of Human Services
Bureau of Medical Services

MaineCare Managed Care Enrollments as of May 30, 2003

COUNTY	# MaineCare Eligible	# Managed Care Eligible	% of MaineCare Population	# Managed Care Enrolled	% of Eligible Population
Androscoggin	23,750	13,990	59%	11,913	85%
Aroostook	20,405	11,138	55%	9,666	87%
Cumberland	37,492	21,964	59%	17,866	81%
Franklin	6,840	4,212	62%	3,972	94%
Hancock	8,607	5,007	58%	4,384	88%
Kennebec	24,318	14,059	58%	12,079	86%
Knox	7,048	4,413	63%	3,846	87%
Lincoln	5,653	3,542	63%	3,187	90%
Oxford	13,896	8,553	62%	7,955	93%
Penobscot	31,840	18,777	59%	17,155	91%
Piscataquis	4,584	2,722	59%	2,564	94%
Sagadahoc	4,995	3,128	60%	2,812	90%
Somerset	14,757	8,967	61%	8,472	94%
Waldo	8,779	5,454	62%	4,787	88%
Washington	11,141	6,751	61%	5,716	85%
York	27,702	16,825	61%	14,330	85%
Totals	**251,807**	**149,502**	**59%**	**130,704**	**87%**

SKIN CANCER QUIZ:

Summer is finally here! That means swimming, boating, fishing, and barbeques. That also means most of us will be spending time in the sun. As part of Bureau of Health's commitment to health and wellness we will sending out a series of emails on skin cancer and sun safety over the summer (no more than one email per week). For answers to the quiz, see below!

1. Which of these factors means your are more likely to get skin cancer?
   a. fair skin
   b. have a relative with skin cancer
   c. numerous moles
   d. all of the above
2. What does the most dangerous type of skin cancer usually look like?
   a. larger irregular mole
   b. a rough scaly patch
   c. a small pearly lump
   d. a large red bump
3. Its safe to tan as long as you don't burn.
   True False
4. Most skin cancer is easily curable in its early stages.
   True False
5. Skin cancer only shows up on parts of the body that are exposed to the sun.
   True False
6. Thanks to wide use of sunscreen, melanoma is much less common than it used to be.
   True False
7. Skin cancer is usually painless.
   True False

From the Anthem cancer Awareness at the Worksite program book (developed collaboratively with our State Employee Health and Benefits Coordinator). You can find the quiz and more information on skin cancer on www.Anthem.com

Answers: 1. d, 2. a, 3. False, 4. True, 5. False, 6. False, 7. True.

"Where Every Breath Counts" Maine Asthma Summit 2003

The Maine Asthma Summit 2003 will take place on Thursday, October 9, 2003, 9 to 3:30, at the Eastern Maine Technical Center, Rangeley Hall, in Bangor. The Bureau of Human Services and the Maine Asthma Council invite you and your patients to join us.

This will be a fabulous opportunity to share Maine's Asthma Plan and to inspire a wide array of people, including those who live with asthma, to take action to put it into practice.

This conference is tailored to the citizens of Maine whose lives have been touched, in some way, by asthma. We're aiming for a diverse audience that will not only include health care providers who are passionately committed to this issue, but will also reach out to new partners.

You are welcome to invite patients from your practices– who are either affected by asthma themselves or know people who are, to join us on October 9th in Bangor. It will be a celebration of what we've achieved and a challenge to move ahead, together, to make a difference.

Learn about Asthma in Maine

"Where Every Breath Counts"

Date: October 9, 2003

Time: 9:00 am to 3:30 pm

Location: Eastern Maine Technical College Bangor, Maine

Maine Asthma Action Summit 2003

Contact: Anne Littlejohn
(207) 622-7566 x231
littlejo@mcd.org

Save this date- registration information to follow.

Why Attend?

To learn about asthma, to celebrate Maine's successes in addressing it, and to launch a renewed effort to reduce it.

Intended Audience

All persons who want to reduce asthma in Maine. Families welcome.

Intent

To share the Maine Asthma Plan and inspire the citizens of Maine to take action.

Sponsored by:

Maine Asthma COUNCIL